

VOLUNTEER CONSENT AGREEMENT

Please read the following Volunteer Consent Agreement. To continue with your application, you must check the "I Agree" box and then sign and date this document. If you choose not to accept, you will not be able to continue the volunteer application process.

Information I provide about my background, skills, and interests will be provided to the staff of the UnityPoint Health - Meriter Volunteer Department when they are searching for volunteer applicants. This information is confidential and will only be used by authorized UnityPoint Health - Meriter personnel. I may request that my registration be deactivated at any time so my information will no longer be available. I understand that UnityPoint Health - Meriter does not guarantee to find me a volunteer placement and that UnityPoint Health - Meriter accepts and processes candidate information without regard to race, sex, national origin, age, ancestry, religion, citizenship status, unfavorable military service, sexual orientation, gender-related identity, pregnancy or childbirth, physical handicap or disability, mental handicap or disability, perceived handicap or disability, veteran status, or other legally protected status.

I certify that all the information I am sharing is complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts requested by the system may result in exclusion of my information from consideration by UnityPoint Health - Meriter or immediate discharge at any time as a volunteer with UnityPoint Health - Meriter.

I understand that volunteering at UnityPoint Health - Meriter may be contingent upon, but not limited to, receipt of a satisfactory criminal history check, any required health assessment, and proof of identity.

The Volunteer Services Department reserves the right to terminate a volunteer as a result of failure to comply with hospital policies, rules and regulations, absences without prior notification, unsatisfactory attitude or appearance, inability to competently complete his/her volunteer work or any other circumstances which, in the judgment of the Volunteer Services Manager/Coordinator, would make continued services as a volunteer contrary to the best interests of UnityPoint Health - Meriter. The volunteer relationship with UnityPoint Health - Meriter is of an 'at will' nature, which means that I may resign at any time and UnityPoint Health - Meriter may discharge me at any time with or without cause.

Checking this box confirms I have reviewed and "I Agree" to the above statement.

I authorize and grant permission to UnityPoint Health - Meriter or its agents, including consumer reporting bureaus, state departments of criminal investigation, and other third parties, to conduct a review to verify any of this information. The types of information that may be checked include but are not limited to verification of social security number, references, education, current and previous residences, criminal history, and military service. I understand that only conviction records that are substantially relevant to volunteering or inaccurately disclosed may be given consideration in UnityPoint Health - Meriter's decision. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my volunteer application will not be processed further.

First and Last Name (Printed)

Signature

Application Date